

SUMMONS IN A CIVIL ACTION

UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF MICHIGAN

Chris Johnston,

Plaintiff,

v.

Midland Credit Management, Inc., and
Midland Funding, LLC,

Defendants.

Case No. 1:16-cv-00437

Hon. Robert Holmes Bell

TO: Midland Funding, LLC

ADDRESS: R/A:CSC Lawyers Incorporating Service (Company)
601 Abbot Road
East Lansing, Michigan 48823

A lawsuit has been filed against you.

YOU ARE HEREBY SUMMONED and required to serve upon plaintiff, an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure within 21 days after service of this summons on you (not counting the day you received it). If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You must also file your answer or motion with the Court.

The Court has offices in the following locations:

399 Federal Building, 110 Michigan St., NW, Grand Rapids, MI 49503
P.O. Box 698, 229 Federal Building, Marquette, MI 49855
107 Federal Building, 410 W. Michigan Ave., Kalamazoo, MI 49007
113 Federal Building, 315 W. Allegan, Lansing, MI 48933

PLAINTIFF OR PLAINTIFF'S ATTORNEY NAME AND ADDRESS

B. Thomas Golden
Golden Law Offices, P.C.
2186 West Main Street, P.O. Box 9
Lowell, MI 49331

TRACEY CORDES, CLERK OF COURT



May 02, 2016

By: Deputy Clerk

Date

PROOF OF SERVICE

This summons for Midland Funding, LLC was received by me on _____.

(name of individual and title, if any)

(date)

☐ I personally served the summons on the individual at _____ on _____.

(place where served)

(date)

☐ I left the summons at the individual's residence or usual place of abode with _____, a person of suitable age and discretion who resides there, on _____, and mailed a copy to the individual's last known address.

(name)

(date)

☐ I served the summons on _____, who is designated by law to accept service of process on behalf of _____ on _____.

(name of individual)

(name of organization)

(date)

☐ I returned the summons unexecuted because _____.

☒ Other (specify) Service via certified mail on May 19, 2016, return receipt no. 7014 1820 0002 1689 9110

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under the penalty of perjury that this information is true.

Date: May 26, 2016

Additional information regarding attempted service, etc.:

/s/ B. Thomas Golden

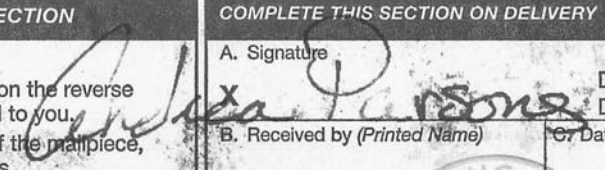

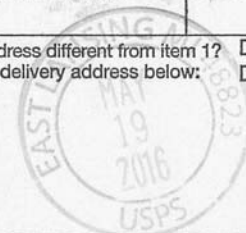
Server's signature



B. Thomas Golden, Golden Law Offices, P.C.

Server's printed name and title

2186 W. Main St., P.O. Box 9, Lowell, MI 49331

Server's address

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery	
1. Article Addressed to: Midland Funding, LLC RA: CSC Lawyers Incorporating Service (Company) 601 Abbot Road. East Lansing, MI 48823  9590 9403 0452 5169 2638 04		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 	
2. Article Number (Transfer from service label) 7014 1820 0002 1689 9110		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, April 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

UNITED STATES POSTAL SERVICE				First-Class Postage & Fees USPS Permit No. G-10
B. Thomas Golden Golden Law Offices, P.C. 2186 West Main Street P.O. Box 9 Lowell, Michigan 49331		Address, and ZIP+4® in this box® <div style="border: 1px solid black; height: 100px; width: 100%;"></div>		
USPS TRACKING#				
 9590 9403 0452 5169 2638 04				